Spring 1997

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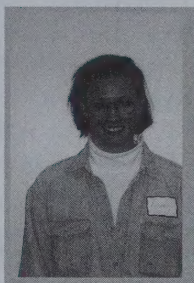
spectrum

Providing our community with a broad, compassionate range of HIV/AIDS services through the continuous support of our donors, volunteers, and friends.

The New HIV Therapies: A Discussion

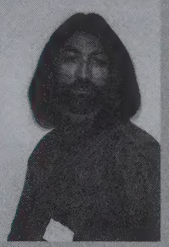
Real Hype or Real Hope?

by Joe Rively
contributors: Dorothe Piluso, Mary Campbell



Dawn Averitt, 28, Atlanta, is the executive director of Women's Information Service and Exchange (WISE), an HIV/AIDS advocacy group for women and a collaborative partner with AID Atlanta. Dawn has been taking indinavir with great results.

Greg Dunn, 34, Clayton, is a volunteer with the client Buddy program and the gay outreach program of AID Atlanta; Greg does not have HIV.



Roger Garza, 42, Atlanta, advocate for people living with AIDS, client of AID Atlanta, volunteer with the education department, and Hispanic outreach program of AID Atlanta, took saquinavir and ritonavir separately with disappointing results, and is now taking these drugs together with promising results.

David Lanoux, 38, Atlanta, client of AID Atlanta and volunteer with the education department of AID Atlanta, has taken saquinavir and ritonavir with beneficial, yet short-term results, and is currently on indinavir.

John Smith, 44, Atlanta, acting program director at William Holmes Borders Comprehensive Outcare Treatment Center and client of AID Atlanta, has yet to experience an AIDS-related infection, so is not taking a protease inhibitor.

For most of the 16 years of the AIDS epidemic in the United States, the feeling of hope has not been a part of the pandemic. Feelings of fear, ignorance, denial, anger, and frustration were predominant. Any feelings of hope were based on the faith that a medical breakthrough would be discovered to end AIDS. The introduction of new drugs to treat HIV infection in the last few years has made such feelings of hope more real and has influenced a promising new trend: People with AIDS are living longer.

Protease inhibitors used in combination with other HIV antiviral drugs have offered the most exciting discovery in the fight against the AIDS epidemic. Some patients taking a protease inhibitor in combination with other antiviral drugs have experienced a significant reduction in the level of HIV in their blood. While these cases offer incredible results, it is unfortunately premature and unrealistic to conclude that the end of AIDS is near, or to think that the AIDS epidemic is no longer a national emergency. These drug combinations do not offer the same exciting results for everyone. The use of protease inhibitors requires a strict regimen and the side effects can be severe. If users skip doses, HIV will develop a resistance to the protease inhibitor. Protease inhibitors are also expensive, costing as much as $10,000 a year, and are therefore currently out of reach for the many people living with AIDS who are poor and uninsured.

AID Atlanta is inspired by the hope that these new drug combinations offer to our clients living with HIV and AIDS. In the past year, AID Atlanta has seen these treatments decrease viral loads and improve immune systems. AID Atlanta has also experienced an increased demand for services. As more people with HIV and AIDS are living longer, an increasing number still need services, access to the new treatments, and support to comfort them if they do not respond as expected to the drug combinations.

AID Atlanta invited five people from varying backgrounds—some with or without HIV, or on or off protease inhibitors—to talk about their personal experiences with the new HIV therapies. It was revealed during the discussion that a period of hope is emerging, but it is a period of hope supported more by a realistic caution than by an idealistic euphoria.

Life Before and After Protease Inhibitors

David Lanoux was diagnosed with HIV in 1987 and did not start taking any HIV therapies until his first AIDS-related infection in 1993 when he contracted a serious case of shingles. In 1994, he was hospitalized with PCP and bacterial pneumonia. In early 1996, David began combination therapy. His first protease inhibitor was saquinavir in combination with AZT and d4T. He experienced the maximum benefit of that combination within several months and then switched to the protease inhibitor, ritonavir. Ritonavir in combination with AZT and d4T worked well until late 1996 when David began experiencing extreme swelling in his feet as a side effect. He is now experimenting with the protease inhibitor

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AID Atlanta

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The Mission of AID Atlanta

The mission of **AID Atlanta** is to provide a broad, compassionate response to the Human Immunodeficiency Virus epidemic through advocacy, service, and education.

AID Atlanta offers services targeted to the special needs of individuals who are living with HIV disease, including those facing addiction or mental health issues. All services are provided to English and Spanish speaking clients.

AID Atlanta currently serves more than 5,000 persons living with HIV/AIDS. In the past year, **AID Atlanta** has reached more than 60,000 individuals through its education and volunteer programs.

AID Atlanta offers programs and services in the following areas:

Client Services
(404) 874-6517

To become a client of AID Atlanta, please call Client Services to schedule an appointment.

Case Management
Needs Assessment
Entitlement Counseling
Legal/Insurance Counseling
Housing Assistance
Pediatrics & Adolescents Program
Emergency Financial Assistance
Education & Planning

Education
(404) 872-0600, ext. 275

Outreach Programs targeted to:
African-American
Gay African-American
Hispanic
Gay and Lesbian
Youth

Joe E. Tomlin Memorial Library
Safer Sex and Education Workshops
Condom Distribution
AIDS in the Workplace

Georgia AIDS Information Line
Bilingual (English/Spanish)
(404) 876-9944
(800) 551-2728

Joye Bradley Health Services Unit
(404) 872-0600, ext. 252

The HSU is a collaborative effort between AID Atlanta and Mercy Mobile Health Care.

Free and Anonymous HIV Testing
Primary Health Care
Health Education
Dermatological Clinic
TB Screening
Medication
Physician Referral
Blood Testing

Volunteer Services
(404) 872-0600, ext. 211

AIDS 101 Awareness & Action Seminar
Buddy Program
Speakers Bureau
Tele-Link Phone Support
Pastoral Care
Tax Preparation
Mop Squad
Massage Therapy

Support Groups for:
African American Males Living with HIV
Caregivers, Family, Friends, and Partners of Persons with HIV/AIDS
Persons Living with HIV/AIDS
Bereavement
Hispanics Who Are Affected

Volunteer Services Statistics

•**Community Service** volunteers provided 3250 hours of manual labor, clerical work, and housekeeping services to AID Atlanta in 1996! That is an in-kind donation worth at least $17,000!

•AID Atlanta's **Aftercare** program, a service of Pastoral Care, ministered to the families and friends of 50 deceased clients in its first year.

•Our **Speakers Bureau,** a group of 40 trained volunteers, provides HIV education to more than 8000 individuals each year.

•Nearly 50 percent of all **AIDS 101** attendees go on to volunteer with AID Atlanta or another AIDS service organization.

•One study has shown that **Massage Therapy** stimulates the production of important killer cells in persons living with HIV and that more than 100 AID Atlanta clients benefit from this valuable service each month.

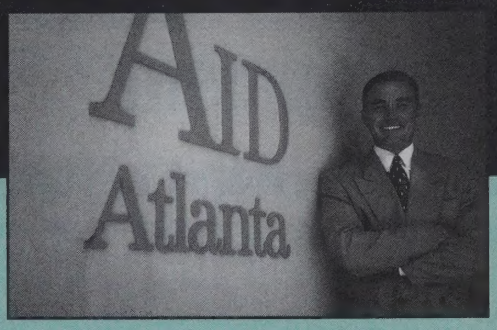
•25 percent of all AID Atlanta volunteers are in the **Buddy** Program.

•**Tele-LINK** volunteers "burned up" the phone lines last year, making 4565 calls to AID Atlanta clients.

•AID Atlanta **Info-Table** volunteers staffed more than 50 health fairs last years, reaching out to more than 5000 people.•

From Tony Braswell, Executive Director of AID Atlanta

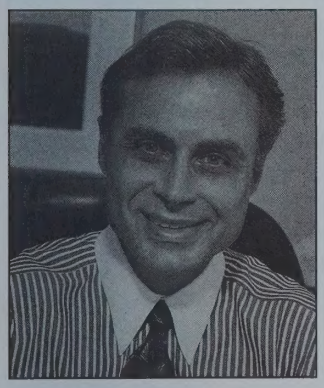
The Fight Against HIV is Changing- And So is AID Atlanta



If there is one thing that most everyone I know hates about life, it is that life is always changing. My father once said there is one constant you can count on—that everything is going to change. This holds true with the fight against HIV. This time last year, we had the hope of a new drug called protease inhibitors; 365 days later we have four to choose from. Fewer persons are dying, and our jobs as providers of care are dramatically different.

It is for this reason that the AID Atlanta Board of Directors has undertaken an intensive year-long strategic planning process. Under the excellent leadership of the committee chair, Mr. Alfred Kennedy, this committee will review every program at AID Atlanta to ensure that it meets the needs fo our clients and our community. This will be a very involved and labor-intensive process, but we all feel it is necessary as part of our commitment to provide the best possible care and services. Whether you are a donor, client, or just a friend of the agency, we might just ask for your assistance. And I hope you will help us with this project. The staff of AID Atlanta are excited about this opportunity, and I trust that you will be as well.

Everyone dislikes change—no one more than me. But as the virus, treatments, our client base, and funding resources continue to change, we plan to be aggressive in our planning so that we can adapt quickly and properly to all these changes. We will be a better agency as a result of this process. And through that, we will be able to offer the best possible level of services to our friends and family affected by HIV.•



From Ken Britt, Board Chair of AID Atlanta

Staying Close to the Community is the Key to Our Success

Change in society often starts at the grassroots level. In the early years of the AIDS crisis, long before mass media started promoting HIV/AIDS prevention and education, a legion of hard-working volunteers took up the task of telling the public about AIDS. Many of those heroes came from the gay community, and started with the most basic and essential of tasks—handing out literature in nightclubs, tacking up posters in the streets, and working long hours to get the word out to an underinformed and highly vulnerable population.

A new generation of these volunteers, using the same basic grassroots tactics, has returned to AID Atlanta in full force. By conducting a "back to our roots" campaign effort in the communities we serve, we are seeing a flourishing of AID Atlanta's community outreach programs.

Take the re-energized AIDS 101 Action and Awareness Seminars—through flyers and ads, AID Atlanta now consistently hosts more than 150 people at each of its bi-monthly seminars. Through word of mouth, AID Atlanta's youth outreach program now boasts more active teen educators than ever—representing 15 Atlanta area high schools—and these dedicated young people have become the HIV information source for their friends, schools, and families. Also, the gay community of Atlanta has been the focus of a renewed outreach strategy that has produced poster and ad campaigns, more than 10,000 safer sex packets, and for gay men, education groups that are filled to capacity.

While AID Atlanta takes great pride for having provided care and compassion since 1982 to people living with HIV/AIDS, we are well aware that our effectiveness has little to do with the size of our agency or the year we were founded. Our effectiveness has everything to do with the scores of volunteers who pass out HIV awareness flyers at local clubs, and with the people who decide for the first time to attend the AIDS 101 seminar. This is how we maintain the vital connections to those we serve.

These individual experiences collectively define AID Atlanta's success, but we can only create these opportunities by continuing to be visible in the community. AID Atlanta takes very seriously its responsibilities as a community leader; however, we must never forget that being a helpful neighbor and a caring friend was the first service AID Atlanta provided to our suffering community.

With the discovery of new AIDS drug therapies that improve health, the programs and services AID Atlanta provides will undoubtedly change. Those changes, though, will always be rooted in our volunteers and those we are fortunate to help.•

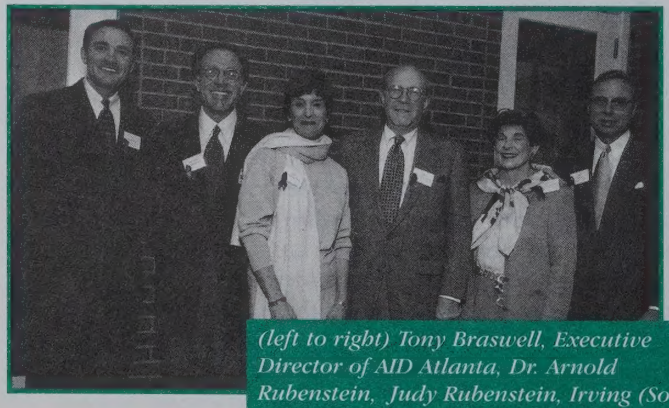
Development

AID Atlanta Recognizes its Supporters During a Special Evening

AID Atlanta recently hosted an evening of entertainment and education for the agency's major donors, event sponsors, corporate partners, and foundation supporters. More than 150 guests attended the Tuesday, February 11 event at the home of art collectors Dr. and Mrs. Arnold Rubenstein. Dr. James Curran, Dean of the Rollins School of Public Health at Emory University and one of the nation's leading experts in the field of HIV/AIDS, was the featured speaker at the reception. This February appearance marked Dr. Curran's second address to AID Atlanta supporters. Many of the same supporters heard Dr. Curran speak three years ago and what he reported then was very different from what he shared this evening.

Dr. Curran expressed his belief that HIV/AIDS has "evolved" during the past three years. While the epidemic is beginning to yield positive advances as a result of new medications, it is a regretfully long way from being over. He stressed the continued need for case management services and prevention education, and concluded that we must maintain caution in an age where there will always be the threat of AIDS.

The program continued as Joyce Shlesinger, Chair of The Loop, AID Atlanta's major giving program, emphasized the necessity of maintaining HIV/AIDS services for the community. Joyce spoke from the heart as she recounted her family's experience with their son Jay, who died of AIDS two years ago. She proceeded to share with the audience how AID Atlanta is able to provide their services—through the generosity of the individuals in attendance who represent themselves, corporations, foundations, and the community. Joyce encouraged those present to support The Loop, a special group of donors who are committed to ensuring the long-term stability of the agency through the donation of an unrestricted cash gift of $1,000 or more. This reception was made possible through the generous donations of Dr. and Mrs. Arnold Rubenstein, Pano's Food Shop, The Paper Affair, Michael Goldsholl/Photographer, and Joyce Shlesinger. For more information on The Loop, please contact Ed Marshall at (404) 872- 0600, ext. 266.•



(left to right) Tony Braswell, Executive Director of AID Atlanta, Dr. Arnold Rubenstein, Judy Rubenstein, Irving (Sonny) Shlesinger, Joyce Shlesinger, Chair of The Loop, and Ken Britt, Board Chair of AID Atlanta, welcomed more than 150 guests to the reception on February 11.

ArtCare 1997 Selects AID Atlanta as Beneficiary

ArtCare, an annual benefit auction of fine art which has gained stature in recent years among artists and collectors alike, has announced that the 1997 event will benefit programs of AID Atlanta and the AIDS Research Consortium of Atlanta. ArtCare is in its ninth year and has grossed close to $1 million for area AIDS service organizations.

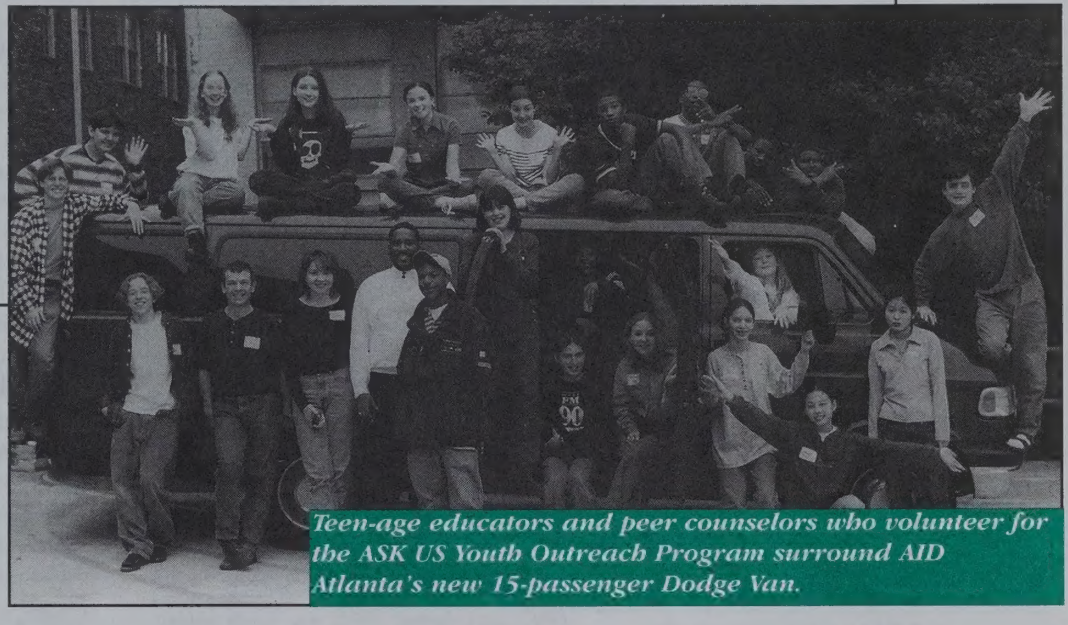
"The event has gained a very positive reputation among collectors," said attorney Charles Hall, who serves as chair of ArtCare, a non-profit organization which focuses its efforts each year on its signature event. "The level of talent continues to rise, while established artists have become more generous by donating better work each year." Notable artists who have participated in the past include Lee Bonhoff, Randy Chumbley, Martin Dawe, Todd Murphy, and Lamar Smith. This year's event will be held July 12 at the Swissotel.

The AIDS Research Consortium of Atlanta will receive ArtCare funding to place a clinician at Southside Healthcare, making it easier for patients in south Atlanta to participate in clinical trials of new AIDS drugs. ArtCare funding will also benefit AID Atlanta's "Reconstruction" program, which assists people with AIDS who are experiencing renewed health, as well as the agency's HIV prevention efforts for gay men. "These are excellent programs that the community needs," said Hall. "We've never selected either of these agencies before and we're proud of our association with them."

For more information, please contact Marshall Stowell, Special Events Manager, at (404) 872-0600, ext. 214.•

AID Atlanta Receives a New Van to Support Community Outreach Programs

AID Atlanta is the proud owner of a new 15-passenger Dodge Van received through a generous $12,500 grant from the Georgia Health Foundation that was matched just as generously by an in-kind donation from the Sutherlin Automotive Group. Profiles Entertainment Magazine was instrumental in facilitating the donation from Sutherlin Automotive Group. The van is used to meet the transportation needs of our many programs in Client Services, Education, and Volunteer Services. The Youth Outreach Program in particular uses the new van to transport teenage educators and peer counselors to do presentations on HIV education and prevention that reach thousands of young adults each year in our community. A special thank you again to the Georgia Health Foundation, Sutherlin Automotive Group, and Profiles Entertainment Magazine.•



Teen-age educators and peer counselors who volunteer for the ASK US Youth Outreach Program surround AID Atlanta's new 15-passenger Dodge Van.

The 1996 Crescendo Ball Hits a High Note By Raising $130,000 for AID Atlanta!

More than 450 revelers spent *An Evening in Vienna* and celebrated New Year's Eve at the 1996 Crescendo Ball, the Ritz Carlton Buckhead's annual holiday gala and benefit. Pictured left to right, above: Ken Britt, Board Chair of AID Atlanta, Sharon Umphenour, Chair of the Ball, and Bob Warman, General Manager of the Ritz Carlton Buckhead, toast to the success of raising $130,000 to support AID Atlanta. AID Atlanta is honored to be chosen as beneficiary of the 1997 Crescendo Ball. Lynne M. Halpern will serve as Chair of the 1997 Crescendo Ball, *A Red Ribbon Gala.*•

One Person's Drug Regimen: 29 Pills A Day

David Lanoux has to take 29 pills every day and an extra four pills a week to fight AIDS. The drugs pictured below contain medication worth more than $2,000. The three drugs on the left make up what is known as an antiviral "cocktail"—the combination of a protease inhibitor with two other antivirals that has resulted in some amazing reductions of HIV in the blood of those who take the "cocktail." The remaining drugs are taken to offset some of the serious side effects of the antivirals. David takes the following drug regimen daily:

Crixivan (indinavir)-Protease Inhibitor. Two pills three times a day.
Videx (ddI)-Antiviral Drug. Two pills twice a day.
Epivir (3TC)-Antiviral Drug. One pill twice a day.
Zovirax-To treat genital herpes and shingles. One pill twice a day.
Zithromax-To prevent Mycobacterium avium complex (MAC), a bacterial infection. One pill twice a week.
Diflucan-prevent fungal infections. One pill twice a week.
Elavil-To combat peripheral neuropathy. One pill three times a day.
Klonopin-To combat nocturnal myoclonus. One pill twice a day.
Leucovorin-To stimulate white cell production. One pill twice a day.
Oxandrin-To combat lean muscle wasting. Four tablets twice a day.
Trental-To combat peripheral neuropathy. One pill twice a day.

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indinavir in combination with 3TC and ddI. His current T-cell count is 134 with a viral load of 2000.

David Lanoux: When I was diagnosed with HIV, I chose to not let the illness be the focus in my life. I chose to do things in spite of the illness. It was not until my first AIDS-related infection that I began to accept that I would not live beyond the age of 40. Most everyone I knew with AIDS died right before or after the age of 40. And then protease inhibitors were introduced. I have taken three different protease inhibitors in the past year and I do not know if they will work on a long-term basis or not.

Dawn Averitt was diagnosed with HIV in 1988 at the age of 19. She had recently moved to Europe to pursue a career as a model. A week after arriving in Europe, she was raped and within weeks became acutely ill. Doctors could not determine the cause of her illness after extensive tests and began to conclude that she had non-Hodgkin's lymphoma. It was not until Dawn requested an HIV test that her illness was confirmed to be HIV-related. She was immediately put on AZT and lost 15 pounds in less than a month. Dawn thought this was "the beginning of the end." She was immediately taken off AZT and did not take AIDS drugs again until 1992 when her T-cells dropped to below 300. She went back on AZT with the only benefit being nausea. Dawn then tried ddI and experienced horrible diarrhea. She then tried d4T and was doing well until she became ill with hepatitis A. She started clinical trails for indinavir and has had incredible results on protease inhibitors. Her T-cell count is now in the 500 range and her viral load is 20,000.

Dawn Averitt: I went through a period of fear regarding my HIV status. My doctor at the time gave me two words of advice: Don't tell anyone and don't read anything, as it's too confusing and there are too many opinions and we really don't know anything. I ended up not telling anyone for a very long time and went on with my life, getting my college degree and a job on Capitol Hill. I worked long hours and suffered from exhaustion. From December 1992 thru spring 1994, my T-cell count went below 500 a couple of times, the number at which there is no turning back. In July of 1994, my T-cell count dropped to 74 and I panicked. I thought I would be dead by Christmas. At the same time, I began to reveal my HIV status and became very involved with AIDS advocacy, learning as much as information as possible about AIDS. It was not until I attended the International Conference on AIDS that same year that I learned about the incredible advances caused by protease inhibitors.

Roger Garcia was diagnosed with HIV in 1990 when U.S. Immigration required that he take an HIV test. He immediately started AZT as his T-cells were below 500, but he received no benefit from the drug. He then added d4T, ddI, and 3TC to his regimen in various combinations and experienced some benefit, but nothing significant. Roger has taken saquinavir and ritonavir in combination with other antivirals with little benefit. It was not until he began a combination of saquinavir, ritonavir, 3TC, ddI, and d4T that he has witnessed an increase in his T-cell count to 152. His viral load is currently 90,000.

Roger Garcia: When I found out I was positive, there was much emotional turmoil, a lot of anger, frustration, and aggression to my family, society, and self. But then life must go on and you have to learn to live and deal with it. I changed my lifestyle and started taking care of myself. I experienced the death of my lover from AIDS in 1992. Two years later, I got very sick with pneumonia and spent a year in a hospice as a terminally ill patient. I finally recovered and dedicated my life as an AIDS activist. In terms of medications, my first experience with combination therapy involved the protease inhibitor ritonavir and I saw little progress. I added a second protease inhibitor, saquinavir, to the combination and that didn't help at all. So I began to take five drugs: ritonavir, saquinavir, ddI, d4T, and 3TC. I was about to give up on this combination and then my T-cells jumped up! My viral load is still high, but the increase in my T-cells gives me great hope.

Not Taking Protease Inhibitors

John Smith was diagnosed with HIV in 1986. He was tested during a stay in a hospital recovering from injuries he experienced in a car accident. He attributes acquiring HIV to IV drug use. From 1986-1992, John was in denial about his HIV status, despite the many friends he had who were dying from AIDS. In 1992, he came to terms with his addiction and substance abuse, and joined StreetHome, a rehab program coordinated by AID Atlanta and St. Joseph's Mercy Care Services for the HIV-positive homeless population. John has yet to experience an AIDS-related illness.

John Smith: It was through my experience with StreetHome that I began to look at HIV and thought about how I was going to die. I have yet to be sick and have not been on any AIDS medications. I went through a period where my doctors doubted my HIV status since my T-cell count was 1200 and my viral load is 6000. The thought of taking AZT scared me as my friends who took it were having bad side effects from it. I am always asked what is my secret and I really don't know what to say. I guess it is all the collard greens that I eat! I am also very grateful to God. He has given me the strength to be clean for five years and I share my story with others to give them hope. I see protease inhibitors as a sign of hope, and I will take them when the time comes.

New Mentalities About HIV

Greg Dunn is HIV negative. He is an active volunteer with AID Atlanta, offering his time to the client Buddy program and the gay outreach program. He is concerned about an emerging mentality that he is witnessing in the gay community regarding the introduction of protease inhibitors as a "cure" for AIDS.

Greg Dunn: I have realized a positive thing that has come out of this new discovery in the disease and that is people are believing in themselves again. I am a Buddy for a client who has been HIV positive for more than 13 years. He never made any lifestyle changes and was in denial until he had a serious bout with pneumonia. He has since taken a combination of AZT, 3TC, with a protease inhibitor and he has experienced an amazing recovery, as well as a new attitude on his life. My experience with the younger gay community as a gay outreach volunteer presents a new challenge in HIV prevention. There is this emerging attitude where protease is seen as a "cure" and consequently young people are beginning to think that getting HIV is not that bad because they see people taking the drugs and living full, productive lives again. This is the new challenge: working to get people over this mentality.

Hope For The Future

David: You have to remain hopeful. For someone who has gone through probably $250,000 worth of drugs since this has started, you have to go on with it. I have experienced all the protease inhibitors. But I am also realistic. The tests that have been done on these drugs involve a small number of people compared with the whole HIV population. You have to have the faith that our experiences with protease inhibitors in combination with other drugs will offer a new advance to researchers regarding this disease.

Greg: The big dilemma for me is what you tell someone who is sick. You want to be hopeful, yet realistic. Protease inhibitors have not worked for some people I know and each individual has to find the combination of drugs that works best for him or her.

Dawn: There are also many paths to explore with protease inhibitors. I have read through miles and miles of data and every time I hear someone's experience with protease inhibitors, like those of David's and Roger's, I learn something new.

Roger: My concept of hope is practical. I originally thought that my life expectancy was three months during my bout with pneumonia, but after my recovery and leaving the hospice, I changed my life expectancy to six months. And now with protease inhibitors, I have increased my life expectancy again. I believe I have 18 to 22 months now and, for the first time, I am thinking about pursuing my Ph.D.!

Despite this hope, I know I will eventually die of AIDS because my immune system is so damaged.

David: I have seen too much death with my family and friends to be afraid of dying. I believe that each one of us lives in their own time, and maybe that doesn't fit into the norm for the whole planet. I spend most of my time not thinking of death, but how I am going to continue getting the drugs I need and how I can continue being a productive individual while I am healthy.

John: My spirituality gives me strength. It enabled me to stop doing dope and to live a productive life. I thought for many years that I was destined to die doing dope. Now it has given me the opportunity to look at my HIV. I have been blessed that I have not needed to go on any medications yet, but I am hopeful that the drugs will benefit me when I need them.

Dawn: I am by nature, forever hopeful, but with protease inhibitors we have to be responsible and careful. There is much hype around protease inhibitors. It is a Band-Aid; a very good Band-Aid. We have to use this Band-Aid to the best of our ability and hope that they are going to continue to come up with more Band-Aids in the future. When I was 19, my first goal was to live to 20. I am now 28, and my goals are very different. I still think about how much time I have left, but I also think about the 140 countries that I want to visit. I still have big plans for my life.•

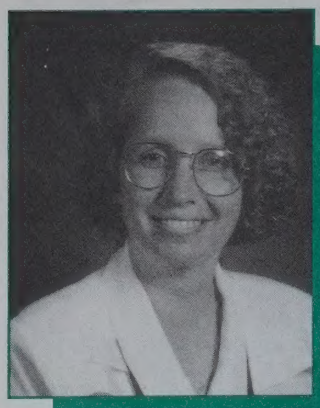
[Editor's Note: This article is based on an article that appeared in the Sunday February 2, 1997 edition of The New York Times: *"New 'Miracle' Drugs: A Discussion - Hype, Hope and Hurt on the AIDS Front Lines." The article written by David W. Dunlap was adaptable to our intent to effectively communicate to our constituency the realities of protease inhibitors from a personal perspective. AID Atlanta recognizes and greatly appreciates the dedication of* The New York Times *to its in-depth coverage of the national and international impact of the AIDS epidemic.]*

Making Sense of It All: An HIV Antiviral Drug Guide

The names of HIV antiviral drugs are interchangeable between their common name and their brand name. Here is a convenient glossary to make sense of it all:

Common Name	Brand Name	Manufacturer
Protease Inhibitors		
indinavir	Crixivan	Merck
saquinavir	Invirase	Roche
ritonavir	Norvir	Abbott
nelfinavir	Viracept	Agouron
Nucleoside Reverse Transcriptase Inhibitors (or nucloside analog)		
AZT (Also called: zidovudine, azidothymidine, and ZDV)	Retrovir	Glaxo Wellcome
ddI (Also called: didanosine)	Videx	Bristol-Myers
ddC (Also called: dideoxyxytidine and zalcitabine)	Hivid	Roche
d4T (Also called: stavudine)	Zerit	Bristol-Myers
3TC (Also called: lamivudine)	Epivir	Glaxo Wellcome
Non-nucleoside Reverse Transcriptase Inhibitors (or non-nucleoside)		
delavirdine	Rescriptor	Pharmacia & Upjohn
nevirapine (Also called: NVP)	Viramune	Boehringer Ingelheim
Other Terms To Know		
T-cell or CD4 count	Refers to the number of white blood cells found in blood. It is an indicator of how your immune system is doing: therefore you want the count to be as high as possible.	
viral load	Refers to the amount of the HIV virus found in blood, therefore you want the load to be as low as possible.	

A new formula approved by the FDA now allows for taking of AZT twice a day, instead of only three times a day. Consult your physician about the new 300mg tablets.



Cathy Sass is a Clinical Liaison with Roche Laboratories, makers of the protease inhibitor saquinavir (Invirase) and the nucleoside analog ddC (Hivid).

Frequently Asked Questions About Protease Inhibitors

by Cathleen (Cathy) M. Sass, Pharm.D.

The pace of anti-HIV drug development has accelerated rapidly during the past 18 months. The number of drugs available to treat HIV has more than doubled during this time. Included are two new classes of drugs: protease inhibitors and the non-nucleoside reverse transcriptase inhibitors.

HIV-1 protease inhibitors target a different site in the HIV-1 life cycle than the previously available drugs, reverse transcriptase inhibitors (e.g. AZT). Although there are several potential side effects associated with the protease inhibitors, in general, they are much better tolerated than the reverse transcriptase inhibitors (see table). Protease inhibitors are used in combination with at least one reverse transcriptase inhibitor, non-nucleoside reverse transcriptase inhibitor, or another protease inhibitor. Protease inhibitors have the potential to interact with numerous other drugs. These interactions are often insignificant, but have the potential to lead to serious problems such as toxicity or loss of effectiveness of one of the other drugs. To help avoid harmful interations, you must inform your physician and pharmacist of all medications you are taking, including over-the-counter medications.

Are protease inhibitors effective for everyone?

Each individual needs to talk to his/her physician about whether protease inhibitors are appropriate. The current thinking is that one should start on combination therapy and that protease inhibitors should be used when the person's viral load is increasing or the CD4 cell count is falling. Unfortunately, some people do not respond to treatment, or do not sustain the initial benefit. However, if a person is not responsive to one of the protease inhibitors, that does not mean that another protease inhibitor will not work. Also, since these drugs can be used in combination, it can be difficult to determine which drug(s) are not working. Therefore, the individual may need to try several different combinations before finding the one that is right in both effectiveness and tolerability. It is also important to remember that initial drug studies only showed a positive impact on surrogate markers (e.g. CD4 cell counts, viral load). To date very little information is available on improvement in quality of life, durability of response, clinical benefit, and survival benefit. Early reports look very positive, but we do not have the complete picture.

How important is the timing of taking protease inhibitors?

You must take these drugs exactly as prescribed. Taking a protease inhibitor in doses lower than prescribed, or in a sporadic manner, may allow resistant viral strains to develop and potentially lead to treatment failure.

Do patients develop resistance to protease inhibitors? If so, how long after taking them?

Viral resistance has been reported with all of the protease inhibitors. We do know that resistance develops more slowly when there is less virus present in the body. However, it is impossible to say exactly when or if this will occur in any particular individual. With faster approval of drugs by the FDA, less information is available about the long-term effects of these drugs and the durability of the response. Of course, these studies are ongoing, but we don't have all of the answers yet. It is important to remember that by using the protease inhibitors in combination with other drugs and by adhering to the dosing regimen, the risk of resistance decreases.

When the viral load is undetectable after taking protease inhibitors, does this mean the virus is no longer in the body?

No. The standard test for viral load tests the amount of virus present in the plasma. There are other reservoirs in the body for the virus, such as the lymphatic system and the central nervous system. Just because the virus is undetectable in plasma does not mean that it is not present elsewhere. Also, undetectable does not mean zero; it means that it cannot be detected by the lower limit of the viral load test taken.

Do you have to take protease inhibitors forever? Can you stop after there is no longer a sign of the virus in the body?

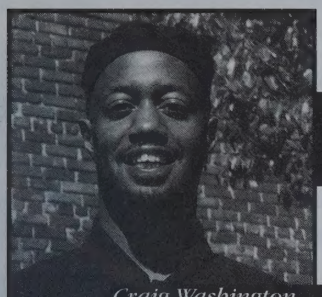
This question has generated a lot of excitement. Many researchers are in the process of addressing this question, including Dr. David Ho, *Time* magazine's recent Man of the Year. In addition to determining whether or not it is safe to ever go off of the drugs, they must determine how long the virus must be undetectable before it is safe to discontinue drug therapy. One year? Three years? For now, no one knows.

This past year has been very exciting in the treatment of HIV. However, the good news must be tempered by the realization that these new drugs are expensive, do not work for everyone, may cause side effects, and may fail if users do not strictly adhere to their dosing schedule. Despite all of this, we are now beginning to think of HIV as a chronic, yet manageable illness and we have shifted toward long-term thinking. •

HIV-1 Protease Inhibitors

Common Name	saquinavir	ritonavir	indinavir	nelfinavir
Brand Name	Invirase	Norvir	Crixivan	Viracept
Manufacturer	Roche	Abbott	Merck	Agouron
Dosing	600 mg 3 times/day 9 times/day	600 m 2 times/day 12 capsules/day	800 mg 3 times/day 6 capsules/day	750 mg 3 times/day 9 capsules/day
Special Instructions	-take within 2 hoursof a full meal -adhere to dosing schedule	- take with meals if possible - keep refrigerated - adhere to dosing schedule	-take with water 1 hour before or 2 hours after a meal -drink at least 1.5 liters of liquids/day -adhere to dosing schedule	-take with food -adhere to dosing schedule
Most Common Side Effects	diarrhea, abdomen pain, nausea, mouth ulceration	weakness, diarrhea nausea, vomiting, abdomen pain, tingling in extremities & around mouth, headache, taste alterations	abdomen pain, nausea, headache, flank pain, weakness,diarrhea, vomiting, kidney stones	diarrhea, headache, fatigue, nausea
Significant Drug Interactions	terfenadine, astemizole, rifampin,rifabutin	Multiple; consult your physician or pharmacist	terfenadine, astemizole, triazolam, cisapride, rifampin	terfenadine, astemizole, cisapride, rifampin
Average Wholesale Price for 30 Days of Therapy	~$572	~$668	~$450	not available

Education



Craig Washington, Coordinator of Gay African-American Outreach

AID Atlanta Increases Prevention Efforts in the African-American Community

AID Atlanta has created their first full-time position devoted to HIV prevention in the gay African-American community, selecting Craig Washington as Coordinator of Gay African-American Outreach. The position had formerly been a part-time job. Craig has served AID Atlanta for three years as African-American Outreach Coordinator, working with Atlanta's African-American places of worship and college campuses.

"My new job will allow me to focus on an area that uniquely suits my interests and experience as a gay black man," said Washington. "There is a lot of work to be done in this area, and bridges to be built between AID Atlanta's programs and the African-American gay community."

The decision to make the job full-time was an easy one for executive director Tony Braswell. "Our client base makes it clear how important prevention must be for us in Atlanta's African-American community," he said. "The majority of AID Atlanta's clients living with HIV/AIDS are African-American, so we're definitely expanding service to an important part of our infected community. We need to increase our efforts to prevent infections among gay African-Americans."

Craig Washington has been an active force among gay African-American Atlantans since moving here from New York in 1992. Most recently, Craig co-hosted the Rally for Peace held at the King Center following the bombing of the Otherside Lounge. He is also a co-chair of Second Sunday, a member of the Georgia Statewide HIV Prevention Planning Council, and an organizer of the Black Church Week of Prayer for the Healing of AIDS. For more information on AID Atlanta's African-American HIV prevention program, please call (404) 872-0600, ext. 275.•

Gay, Lesbian, & Bisexual Outreach

The Gay Outreach Program is exploring new territory by sponsoring a forum on the issues of sero-discordant male couples (relationships where one partner is HIV positive and the other is HIV negative). If the forum (titled Plusses and Minuses) is effective, AID Atlanta will offer it on a regular basis. We have recruited a Licensed Clinical Social Worker as a facilitator who specializes in counseling gay couples, as well as a Licensed Clinical Therapist who serves as an instructor for the Body Electric School. For more information on this vital forum, please call David Powers at (404) 872-0600, ext. 278.

INDULGE!

INDULGE!, a three-hour interactive workshop on eroticising safer sex, will be offered again on Thursday, June 12. Please call David Powers at (404) 872-0600, ext. 278, for times and to register.

Slipping & Sliding

Slipping & Sliding, a six-week course on intimacy, self esteem, communication, negotiating skills, and other topics relating to safer-sex decision making, will run on both Tuesday and Wednesday evenings beginning in May (two different sessions), and again in July. Please call David Powers at (404) 872-0600, ext. 217, for dates, times, and to register.

Bar Blitzes

With all the festivals and events coming up, we sure could use your help. Please call David Powers, at (404) 872-0600, ext. 278, for information on any Gay/Lesbian Outreach program, or to learn about volunteer opportunities in the community. We need you!

Women to Women

Spring is an exciting time for the Gay & Lesbian Outreach Program. AID Atlanta has established a lesbian and bisexual women's health project! Called Women to Women, the series will address various women's health issues including HIV prevention, breast and cervical cancer, domestic abuse, maternal and child health, and relationship building and communication skills. The program will meet once a month and will open with a social gathering, offering participants a social and support network, before starting the educational forum. Women to Women will team up with other local and national women's organizations to provide outstanding speakers for the forums. Women to Women is volunteer-driven program, and AID Atlanta would like to thank all the women on the planning committee for giving their time, talents, and hard work to get this crucial project up and running! AID Atlanta is excited and proud to offer health and HIV prevention education to the lesbian and bisexual community of Atlanta. For more information, call David Powers at (404) 872-0600, ext. 278.•

AID Atlanta offers Educational Outreach Programs in the following areas:

African-American
(404) 872-0600, ext. 277

African-American Gay
(404) 872-0600, ext. 275

Gay and Lesbian
(404) 872-0600, ext. 278

Hispanic
(404) 872-0600, ext. 279

Youth
(404) 872-0600, ext. 230

AIDS in the Workplace
(404) 872-0600, ext. 215

General Information
(404) 872-0600, ext. 275

Please contact the appropriate coordinator if you need a speaker or if you require information about the programs they can offer to your specific group or constituency.•

Volunteer Services

New Support Groups

AID Atlanta has started two new support groups. One is for "long-term survivors" of HIV and the other is for HIV-negative gay men. Both groups require registration and are limited to 10 weeks. For more information, or to be advised of future groups, please call Chris Parsons at (404) 885-6800, ext. 231.

Calendar of Events For Volunteer Services

For more information on the programs listed below, please call (404) 872-0600, ext. 281.

May 22	Tele-LINK orientation
May 31	Buddy/Mop Squad orientation
April 16	AIDS 101 Volunteer orientation
July 26	AIDS 101 Lutheran Redeemer Church Atlanta, Georgia
September 13	AIDS 101 Oglethorpe University Atlanta, Georgia
November 15	AIDS 101 Central United Methodist Church Atlanta, Georgia

AIDS 101 Dates For 1997

An AIDS 101 seminar offers you an opportunity to learn the basics about HIV/AIDS and to become a volunteer partner with AID Atlanta. AIDS 101 is required training for all new volunteers. Please call (404) 872-0600, ext. 281 to register. Please check the calendar above for Spring 1997 AIDS 101 Action and Awareness Seminar dates.

Speakers Bureau Presentations

- AIDS Resource Council of Rome
- Alliance Recovery Center
- American Pharmaceutical Association
- Brandon Hall
- Capelli Learning Center
- Care Plus Fitness Center
- Chattahoochee High School
- Clark Atlanta University
- Clayton State College
- Emory University
- Food & Drug Administration
- Genesis Shelter
- Georgia Southern
- Home Depot
- Inner Harbor Hospital
- Kiwanis Club of East Clayton
- Morehouse College
- New Life School of Massage
- Oakwood High School
- Oglethorpe University
- Peach Program
- Temple Immanuel
- Truett - McConnell College
- Viewpoint Recovery Center
- Weinstein Center
- Woodward Academy

AID Atlanta's Speakers Bureau has been busy this year. Since January 1, our volunteers have presented to a number of schools, churches, civic groups, and businesses including: For more information about our Speakers Bureau, please call (404) 885-6800, ext. 231.

Volunteer Profile

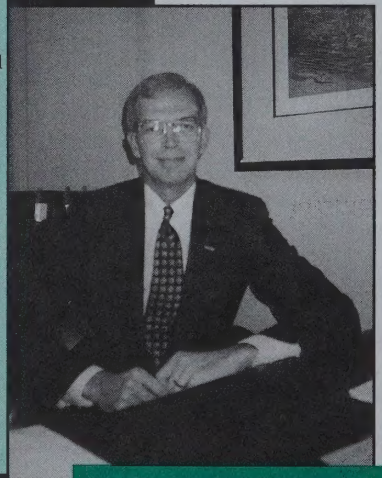
Dan Berger

Dan Berger has been a volunteer with AID Atlanta since 1993. He began in our Tele-LINK program, which provides information and emotional support by telephone to persons living with HIV/AIDS while serving as a "link" between AID Atlanta case managers and their clients. Clients assigned to Dan found him to be a non-judgmental, compassionate listener.

Dan's dedication and reliability did not go unnoticed. After several months he was made a Team Captain, supervising volunteers on a weekly basis. When the Lead Team Captain moved to Texas in early 1996, Dan offered to take his place. Dan is very detail oriented and he has done a terrific job managing the Tele-LINK program. In fact, it is one of the best "tracked" volunteer programs at AID Atlanta.

In addition to giving every Tuesday night (and sometimes more) to Tele-LINK, Dan helped AID Atlanta launch the Mop Squad in 1995. The Mop Squad provides house cleaning, yard work, and laundry service to persons with AIDS who are unable to do it themselves. One or two Saturdays a month you'll find Dan cleaning a bathroom, washing dishes, mending a broken gutter, or raking leaves for one of AID Atlanta's clients.

A graduate of Ohio's Wittenberg University, Dan served in the Air Force for four years, including a stint in Southeast Asia during the Vietnam War. Fluent in French, Dan achieved a level of proficiency in Vietnamese and was awarded to the highest ranking in his language class by his commander.



Dan Berger, Lead Team Captain for the Tele-LINK program.

Vice President in the international division of SunTrust Bank, where he has worked for 22 years, Dan also makes time for his partner, Mark, takes care of his two dogs, and plays trombone in the Atlanta Freedom Marching Band, which performs in many different venues.

Thanks for all the help you have provided to AID Atlanta and our clients, Dan!•

Gifts That Endure

Please Support Aid Atlanta By Calling Today!

Call the Development Department at (404) 872-0600 to make a credit card donation by American Express, Mastercard, or VISA, or send a check to the attention of Joe Rively, care of the following address:

AID Atlanta
Development Department
1438 West Peachtree Street, N.W. Suite 100
Atlanta, GA 30309-2955

With your help, AID Atlanta has one mission—to provide a broad, compassionate response to the Human Immunodeficiency Virus through advocacy, service, and education. And your support makes a difference in our work! Your continued support is greatly needed and appreciated. We will send you an acknowledgement of your gift for your tax purposes. If you have any questions, please call Joe Rively at (404) 872-0600, ext. 217.•

Planned Giving

A cure for AIDS could be many years away. Fortunately, people with AIDS are living longer than ever before through improved drug treatments and therapies. However, until a cure is discovered, AID Atlanta must depend on major gifts to maintain the quality of our programs and services. There are several planned giving options that you can consider that will support AID Atlanta in meeting the future challenges of AIDS, as well as offering you significant tax advantages.

As you consider your own financial plans for your future, we hope that you will also consider AID Atlanta as an appropriate investment. AID Atlanta will respect and further the legacy of your major gift. Please call Joe Rively at (404) 872-0600, ext. 217 to request further information about planned giving.•

Matching Gifts

Every dollar that you can give makes a difference in the life of a person with HIV/AIDS. You can stretch these dollars by taking advantage of your corporate matching gifts program. Consult with your company's Human Resources or Public Relations Department for information about what gifts qualify. By giving to AID Atlanta, you and your company can support our vital support services and education for people living with and affected by HIV/AIDS. After making a contribution to AID Atlanta, simply fill out a Matching Gifts form, which your company forwards to us. We verify your contribution and return it to your company. A check matching your gift is then sent to us. For more information on matching gift programs, please call Joe Rively at (404) 872-0600, ext. 217. (We can also verify if your company makes matching gifts.) •

Get Listed and Support AID Atlanta

The Beeper Pages, a wireless communications directory for pagers, cell phones, e-mail addresses, and Web sites, will donate 50 percent of its proceeds from the sale of new listings to benefit the African-American Outreach programs of AID Atlanta. This offer is in celebration of their first anniversary and is valid through June 15, 1997. The Beeper Pages is published four times a year and it costs $10 to $18 to be listed in the directory for one year. For more information, call Alvin Watson at (800) 254-0430.•

Honorariums and Memoriams

A gift to AID Atlanta in honor or memory of a companion, family member, friend, or colleague is a thoughtful tribute that endures for years to come. Your contribution to AID Atlanta creates a meaningful living gift that respects someone you love, as well as enhances the quality of life for people living with AIDS or HIV-related illnesses.

A personal acknowledgment is sent to the individual(s) respected. The recognized individual(s) will also be acknowledged in our quarterly newsletter and your gift will be recorded in the Annual Report of AID Atlanta. For more information on memoriams and honorariums, please call Joe Rively at (404) 872-0600, ext. 217.

Please refer to "In Memory of" and "In Honor of" at right for a list of the gifts we received from August 10 to December 13, 1996. •

In Memory Of:

Doug Adams
Jeff Addison
Eric Agvan
Robert Anderson
Thomas P. Ayer
Allen Baggett
Richard Blair
Mr. Botton
Wade K. Bozeman
Kevin Brinson
Joe Bulbin
Bill Butcher
Terry H. Cambron
Michael Campitelli
Ed Cardone
Paul P. Carere
Charlie Claytor
Richard Corrales
Patrick Cosgrove
Matt Cross
Kenton L. Culbertson
Breyton Dasher
Steven Diremeyer
Bruce Dotson
Roger Duncan
Ernie Elsigan
Bobby Enfinger
Rodney England
William Ermey
Bruce Fellows
Christopher Forbes
Dennis K. Fortenberry
John C. Gable
Jim Gallagher
Tommy Gilbert
Dene Greeno
Marty L. Griswold
Walter Harper
Jeffrey Harrington
Burton C. Harris
Ken Hasey
Ricky Haye
Curtis D. Heaney
Randy Henderson
Roy H. Heyman
Fred Holland
Todd Hopper
George F. Hughston III
Bruce Ingmire
Randy Jackson
E.J. Johnson
Tre Johnson
Gary Joke
Barry Katz
Peter Kehoe
Dale Keller
Herb Kelley
Jim Leys
David Long
Patty Lunday
John H. Martin
Brian Mathes
Tom Mattasits
Reed Miles
Richard Moore
Timothy Moore
Jerry R. Mosley
Harold T. Mozley, Sr.
Bob Mullin
Jim Murray
Mark S. Neal
Donald A. Olivia
Steven S. Orr
Henry L. Oxford
Bill Paige
Chris Passante
Terry Pate
John Laymond Patterson
Tom Paxton
Kevin Pearce
Charles Pilgrim
David Plemons
Bobby Powers
Cory Pugh
Vernon W. Purdy
Donald R. Queen
John Rainwater
Thomas A. Robinson
George Russell
Charlie D. Samford
Alan Sanford
John Scarpatty
Chris Seldani
Gene Sewell
Glen Sherman
Jay D. Shlesinger
Dean Sinnen
John M. Skillan, Jr.
Ted Stevens
David Streeter
Mark Taylor
Paul Terry
George Turner
David White
David H. Whittier
Jeff Wilson
L. Jeffrey Wolfson
Ted Young

In Honor Of:

Doug Adams
David Bennett
Larry Bowen
Tony Braswell
Lori Burke
Sarah Burke
Laurie and Johnny Craig
James and Celia Decker
Edward and Gloria Dembowiak
Evans, Terrells, and Cortex
Reva and Hank Ezell
Jimmy Freeman
Thomas O. Genese
John Gibson
Edyth Hecht
Jack Frohman and Howard Gottleib
Hayworth-Schulman Wedding
Dirk Hunter
Dee I.
Joel Jenkins
Julie Jones
Jane Long
Brett Lykins
Craig S. McGill
Dr. Dennis Melton
David Price
Tom Riley and George Smedberg
Carl at Salon Carcia
H. Stephen Saunders
Jack Schiffman, Jr.
Heath Scott
Shrine of the Immaculate Conception
Tony Sigmon
Elizabeth Staples
Madame Amory Thomas-Jimeno
Nancy Wilson

Gifts of Stock

If you own stock, it is often more tax-wise to contribute stock than cash. You do not have to pay any capital gains tax on the increase in value of the stock, and you receive a tax deduction for the full market value of the stock at the time of the gift. For more information on giving a gift of stock to AID Atlanta, please call Joe Rively at (404) 872-0600, ext. 217. •

Beer and Wine Tastings To Benefit AID Atlanta

Neighborhood Concepts, Inc. (NCI), owners of the Dark Horse Tavern, Neighbor's Pub, and the Urban Market in the Atlanta neighborhood of Virginia-Highland, is offering a series of beer and wine tastings to benefit AID Atlanta. The tastings are held two Wednesdays a month from 7-9 p.m. and the cost is only $7. They include samples of several premium beers or wines, served by very knowledgeable representatives from area distributors. AID Atlanta would like to sincerely thank Doug and Dawn Laundau of NCI and Denise Ruiz, manager of Urban Market, for organizing the tastings and selecting AID Atlanta as a beneficiary. Please join us at one of the following tastings:

May 21 Imports by Merchant de Vin

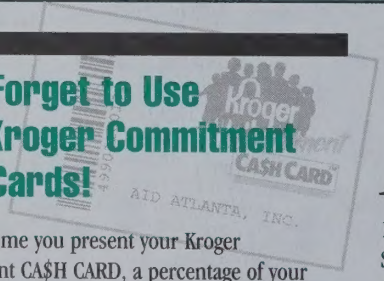
June 4 Grapes of Burgundy (Chardonnay & Pinot Noir)

June 18 Beer Festival

AID Atlanta would also like to thank the following distributors for their generous support: Atlanta Brewing Company, Atlanta Wholesale Wine, Belgium Mercurius, Better Brands Distributing, Blind Man Ales, The Boston Beer Company, Dogwood Brewing Company, Empire Distributing, and Empire Distributors' Fine Wine Division, Grapefield's, Chris Carlos of National Distributing Company, Inc., Oregon Original Fine Ales, Pete's Brewing Company, Prestige Wine Wholesale, Pete Hargot of The Seagram Beverage Company, and Sweet Water Brewing Company.

For more information about the beer and wine tastings listed, please contact Dorothe Piluso at (404) 872-0600, ext. 203.•

Don't Forget to Use Your Kroger Commitment Ca$h Cards!



Every time you present your Kroger Commitment CA$H CARD, a percentage of your total grocery bill will be donated to AID Atlanta by The Kroger Company. Kroger commits to doing the rest, as long as you commit yourself to presenting your card to the cashier each time you shop at Kroger! If you need a Kroger Commitment CA$H Card or want to share them with your friends, family and co-workers, please call AID Atlanta at (404) 872-0600. AID Atlanta has received more than $20,000 from the Kroger Commitment CA$H CARD Program in the past year! Thank you Kroger! •

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